

Supplemental Application Data Sheet

Application Information

<u>Application number::</u>	<u>10/526,492</u>
<u>Filing Date::</u>	<u>08/23/05</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	<u>2618</u>
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND APPARATUS FOR MEASUREMENT OF EVOKED NEURAL RESPONSE
Attorney Docket Number::	COCH-0144-US1 <u>22409-00007-US</u>
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Helmut
Middle Name::	Christian
Family Name::	EDER

City of Residence:: Castle Hill
State or Prov. Of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: ~~370 Old Northern Road~~ c/o IP Department
Cochlear Limited
14-16 Mars Road
City of mailing address:: ~~Castle Hill~~ Lane Cove, New South Wales
State or Prov. Of Residence:: ~~New South Wales~~
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: ~~2154~~ 2066

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Ireland
Status:: Full Capacity
Given Name:: Padraig
Middle Name:: Joseph
Family Name:: HURLEY
City of Residence:: Redfern
State or Prov. Of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: ~~12/11 Madison Street~~ c/o IP Department
Cochlear Limited
14-16 Mars Road
City of mailing address:: ~~Redfern~~ Lane Cove, New South Wales
State or Prov. Of Residence:: ~~New South Wales~~
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: ~~2016~~ 2066

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia

Status:: Full Capacity
Given Name:: David
Middle Name:: Kerry
Family Name:: MONEY
City of Residence:: Pennant Hills
State or Prov. Of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: ~~50 Blackbutt Avenue~~ c/o IP Department
Cochlear Limited
14-16 Mars Road
City of mailing address:: ~~Pennant Hills~~ Lane Cove, New South Wales
State or Prov. Of Residence:: ~~New South Wales~~
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: ~~2120~~ 2066

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Tony
Middle Name:: Mikeal
Family Name:: NYGARD
City of Residence:: Kariong
State or Prov. Of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: ~~14 Stacey Close~~ c/o IP Department
Cochlear Limited
14-16 Mars Road
City of mailing address:: ~~Kariong~~ Lane Cove, New South Wales
State or Prov. Of Residence:: ~~New South Wales~~
Country of mailing address:: Australia

Postal or Zip Code of mailing address:: 2250-2066

Correspondence Information

Correspondence Customer Number:: 22,506 30,678
Name:: Jagtiani + Guttag
Street of mailing address:: 10363-A Democracy Lane
City of mailing address:: Fairfax
State or Province mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22030
Phone Number:: 703-591-2664
Fax Number:: 703-591-5907
E-Mail Address:: iplaw@jagtiani.com

Representative Information

Representative Customer Number:: 22,506-30,678

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/AU2003/001151	09/04/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Australia	2002951218	09/04/02	Yes

Assignee Information

Assignee name:: Cochlear Limited
Street of mailing address:: c/o IP Department
14-16 Mars Road
City of mailing address:: Lane Cove
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2066

